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An
Inaugural Essay
On Acute Rheumatism.
For the degree of Doctor of Medicine
In the University of Pennsylvania
By
John M. Raiford, of South Carolina.
Philadelphia.
January 1st
1828.

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An Essay &c.

Taking into consideration the many different and complicated diseases with which mankind are occasionally afflicted, none appears to call into requisition and more strenuously demand the resources of our art, than Acute Rheumatism. And although this complaint had its origin in the earliest times, and was probably among the first inflicted on the human race and we know has attracted the attention and elicited the skill of the ablest and most scientific Physicians of every age, there is none which has given rise to more vague and inconsistent theories, and on which we have fewer correct data. On inquiry into the causes of the great discrepancies of opinion among Practitioners in regard to this disease, we are led to infer that it proceeds from their being too hasty to draw conclusions from slight appearances, and suffer blind and enthusiastic speculation to usurp the place of those unerring guides to truth, reason, observation, and experience.

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Under such circumstances then it ceases any longer to be a matter of much surprise why empiricism has gained so much celebrity in the treatment of this and many other affections, and has undeservedly reaped those honors that science justly claims. So long indeed as patient inquiry directed by a sound and discriminating judgment is counteracted by fanciful hypothesis, so long will medicine be retarded in its advancement, and fail to derive the full benefits from experience.

In extending our researches into the earliest records of medicine, but little is offered to interest and instruct us in regard to Rheumatism. Tho the ancients were not wholy ignorant of the existence of such an affection, yet so imperfect and confused was their knowledge as to its cause, the structure implicated, its terminations &c, that, looking upon all painful affections of the muscles and joints as the same modified only by circumstances, they failed to distinguish the one under consideration. They designated these affections according to the parts in which they were situated; and considering them as all

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varieties of the same, they embraced them by the general term athritis. This term was indiscriminately used, whether those diseases originated in the stomach or were dependent on external causes for their production. It may readily be seen that such imperfect ideas were little calculated to direct them to a successful management of many cases that came under their care, and consequently many must have fallen victims to an injudicious treatment. We can therefore place but little confidence in doctrines differing so materially from correct principles.

Passing then over those dark and unenlightened ages of our science, in which we can discover nothing but false reasoning founded on inconsistent theory, we arrive at the sixteenth century before we can gain any thing either practical or useful in regard to Rheumatism. It appears that Bollonius indisputably has the merit of having surpassed his predecessors in his views concerning this disease, as the first correct account we have of it, is from the pen of this great man. Tho as regards the term Rheumatism it was utter long

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before his time as Galen, Paul of Egina, and others, as we are told, employed it as synonymous with Catarrh, from rheuma, fluxion or flow; yet Bolloney first applied it to that painful affection of the limbs and joints, which has been designated by the term ever since. But while we confer a tribute of praise to his memory for the zeal and exertion he displays; to promote the science of medicine, we are unprepared to sanction the correctness of some of views he entertains on the subject. He tells us, that so nearly is it allied to gout, in many of its leading characteristics, that if care is not taken in our management, it will of change to that disease. In support of this opinion we find the names of a number of men of eminence, among which are Borgius, Stoll, and many others of no less celebrity. And in approaching a period very near to our own, I have discover that the same doctrine is not without its advocates. It met the approbation of the enlightened Good, as the following sentence plainly evinces. "So nearly is Rheumatism allied to gout, says he, that the two diseases are merely dependent on the collateral circumstances of temperament, period

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of life, and the constitution of the individual for the development of the same disease. How far this is consistent with the true principles of pathology, we are unprepared to determine. We believe that we have to look to the temperament and constitution of every individual for the development of those diseases with which they are occasionally afflicted, but we are to look at the same time to the causes that produce them; and believing that no two of these will have the same effect on the system at the same time, particularly when it is predisposed to disease, we cannot consistently with our views of the causes and effects of diseased action, agree with this writer. We view these two diseases as distinct in their natures, and as not necessarily dependent on the same causes for their development. Our reasons for this opinion, are drawn from the phenomena of the two affections. In acute Rheumatism for instance, we have an affection of the larger joints, and muscles, occuring in consequence of some evident cause, as cold applied when the body is heated. Whereas, gout usually makes its attack without any such cause.

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In Rheumatism we have no antecedent complaint, and when induced, its paroxisms are of longer duration and frequently change from joint to joint. Gout on the contrary, is always preceded by gastric uneasiness, and is more fixed in its situation, which is in the smaller joints of the extremities. The limbs in Rheumatism tho' swollen, do not show the bright complexion that the other does, and the attacks are intermittent, and remittent, which occur at regular periods: all these are wanting in gout.

Taking therefore into view these distinguishing marks which are always very prominent in every well defined case of Rheumatism, we cannot see how its particular diagnosis can be mistaken. In support of these views we are not wanting for some of the most respectable of medical authority. Among their number may be found the names of Hunter Sydenham, Bichat, Sundamon, besides many others no less distinguished for talents and experience

Rheumatism by all the late writers on the subject has been divided into two species, the Acute, & Chronic. The acute form of the disease has been subdivided accor

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-ding to the different part of the body in which it may be seated, as for instance, when it is situated in the joints, it has recieved the appellation of articular Rheumatism; and when its seat has been in the muscles of the chest, its is often called Pleurodynia; when in the loins lumbago; and when in the hip sciatica &c.

There is no subject connected with medical inquiry, that has given rise to a greater diversities of opinion, than the particular structure in which Rheumatism is primarily seated. Every writer has varied it according to the suggestions of his own imagination; which shows in a striking manner how little light, morbid anatomy has shed on this disease. But when we come to consider the organization of certain structures that aspit in composing the animal machine, their almost entire want of vitality in health, and the violent and excruciating pain to which they give rise when diseased, it is not so much a matter of surprise why something more conclusive has not been determined.

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=tation beyond its proper limits, to adduce some of the doctrines of this particular part of our subject. But on the contrary, may be both useful and interesting, as it is by a correct knowledge of the seat of Rheumatism alone, that can enable us to account for the many phenomena which are so often presented in it. It may also be necessary, from its so materially influencing our practice.

Some, therefore, have entertained the belief that the "Cellular structure was primarily affected." While others have placed it in "the muscular fibre." And there is not wanting a third class of pathologists, who judging from the same appearances have told us, that Rheumatic inflammation is originally situated in the "fibrous structure."

We do not believe in the present state of our knowledge, that it would require much depth of reasoning, to show the fallacy of the first of these doctrines, as almost any practicioner who has had many cases of this disease to manage, could readily determine that the cellular tissue was not primarily implicated. For if there was no other argument to prove the truth of this as=

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=sertion, the usual termination of inflammation of this structure, would alone be sufficient. We know when Phlegmonous inflammation attacks the Cellular structure that its usual termination is in suppuration, and ulcer=ation: a circumstance of rare occurrence, if ever met with in Rheumatism. Not better founded on the opinion of those who look upon it as originally situated in the muscular fibre, if we take into consideration the leading characteristics ~~of~~ this particular inflammation, such as its liability to change its seat followed by prompt re=covery of muscular action. If the muscular fibre was primarily affected, the inflammation, which is an attend=ant, on it, would invite a greater afflux of blood to the part, and as a necessary consequence, there would be a thickening of the muscular fibres; and their action if not destroyed, would be very much impeded. But such is not the case, on the contrary if muscular action is not immediately re=stored when the disease abandons its situation, it is not because there is a thickening but a debility of the fibres which is always an attendant on inaction of the muscle

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Is therefore not more reasonable to suppose that in Muscular Rheumatism that it is the aponeurotic expansion which envelopes the muscles and not the muscles themselves that is directly affected; and in articular Rheumatism that it is no other than the fibrous membranes forming the capsules of the joints? This is in accordance with the opinions of Scudamore, Bichat, Broussais, and others of no less experience. and, as remarks the latter writer, is the only way that we can satisfactorily account or explain the various phenomena that exhibit themselves in this disease.

How far says Dr Condie other parts of the system are directly or indirectly affected in Rheumatism, we acknowledge ourselves unprepared to form any decided opinion; and however easy it may appear to settle the question by a reference to the symptoms that mark the disease; yet upon experiment there will be found no task connected with medical observation encompassed with greater difficulties.

But viewing this as primarily an affection of the fibrous structure, and being taught by the phylisophic Bichat that

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this structure (under which we include the Periosteum, the aponeurosis of the muscles, and the ligaments, and tendons) pervades every part of the body; accounts we think for the propagation of Rheumatismal Pains, and the facility with which they change their seat.

If then these views of Rheumatism are correct, viz: that it always attacks the more superficial parts of the fibrous tissue, it is no less true that any portion of this structure is naturally susceptable of the disease; but the reason why we do not see it attack the deeper parts of this structure, otherwise than in a secondary form, is, because they are more remotely situated from the operation of those causes by which it is induced.

The Percosteum, the dura mater, and all the deep seated parts therefore, are generally free from the influence of these morbid impressions, till a metastisis takes place from the more superficial diseased parts.

Other structures of the body may also occasionally be implicated in the disease, such as the cellular, the the serous, &c tho not by their sympathetic connections,

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but through the medium of contiguity. It is under such circumstances that Rheumatic inflammation does, in some rare instances terminate in suppuration effusion &c.

Having endeavoured in the foregoing part of this essay, to elucidate our view of the seat of Rheumatism, we will now institute an enquiry into its causes: and in doing so, we find that they are many and diversified, but may all be considered as coming under the two general divisions of remote, and proximate.

By the former is to be understood all those causes that operate on the system in such a manner as to produce a predisposition to an attack: and by the latter those which act as excitants by which diseased action is induced. Among the number of those causes that have been assigned as exerting the greatest predisposing influence, we will only mention those that appear to us to be the most important, Of these hereditary predisposition, age, climate, and season of the year have been looked upon by writers as the most common, and

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influential. How far we are to regard Rheumatism as governed by the first of these causes, we acknowledge ourselves unprepared to determine; but were we to coincide in opinion with Pinel, Cornel, and Heberden, we would not hesitate to say it was often an hereditary affection. Where however it occurs in many individuals of the same family, we can better account for it by the circumstance of their being equally exposed to exterior causes, from the similarity of habits, clothing, and occupations, and from their living in the same climate, and inhabiting the same or similar dwellings:— further than this we believe with Dr Condie, that the disease is not hereditary in its nature.

Age may be said to act as one of the most powerful of the predisposing causes; and although it may occur at any period of life, yet it is generally much modified in severity by this circumstance. Dr Chapman has seen it attack very young children, giving rise to suspicions that hydrocephalus was induced; and others have seen it attack the aged weak and emaciated.

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in all its violence. These cases tho' well authenticated, are of such rare occurrence as not to alter the general position that the acute form of this disease is principly an affection of the middle aged, who are strong, robust and athletic. and whose occupations compel them to expose themselves to all the vicissitudes of climate. This is the reason says Dr Condie, why we see Rheumatism of so common occurrence among the poor and laboring classes of society - who, besides being more exposed to every change of weather from the necessity of their occupations, are too frequently forced to brave the inclement elements destitute of sufficient clothing, bedding, fuel, and domestic shelter, to guard their systems from their deleterious influences.

Rheumatism is a disease that is almost entirely dependent on sudden and frequent vicissitudes of temperature for its production, and readily accounts for its common occurrence in Spring and Autumn. It may be proper however to remark, that it is not exclusively confined to these seasons as it may take place at any period when the changes of temperature are for

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the time sudden and frequent. We may therefore add, that the combined influence of heat, cold, and moisture, is the most common and almost the only cause of the disease. The manner of their operation on the system, must be intelligible to every practical Physician. The heat relaxes the cutaneous vessels on the surface, and causes them to throw off a part of the serous portion of the blood by perspiration, and cold when suddenly applied, operates specifically on these vessels producing constriction, inducing thereby a state of phlogosis - hence the phenomena of inflammation when originating from cold.

Acute Rheumatism as we have endeavoured to show is an inflammatory affection of the fibrous capsules of the joints, and aponeurotic coverings of the muscles and tendons, is usually ushered in by many of those symptoms which are commonly attendants on the other phlegmasia, such as chills succeeded by heat, loss of appetite, languor, and melancholy. These may be considered the forerunners of the attack, and are soon followed by others more se-

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-ven in their nature, and which are sufficiently diagnos=
=tic of the disease. The most conspicuous of these are, swell=
=ing, more or less redness, and pain in or around some of
the larger joints, as the knees, hips, ankles, elbows, shoulders or
wrists. The swelling is most commonly situated in the bur=
=sal structure or in the tendinous sheaths of the muscles, and
when this obtains the patient is confined, labouring under
the most excruciating torture. So exquisitely painful some=
times is his sufferings that he does not attempt to move even
a limb under any circumstances, and lies almost in a com=
atose state. Sometimes the pains take the precedency of the
fever, but more usually the pyrexia occurs first, and
then the local symptoms do not make their appearance
until a few days afterwards. When the pain is severe, the
inflammation high, and the swelling considerable the general
system quickly becomes affected: in them have presented to
us, fever, denoted by a full, hard, and frequent pulse,
beating never less than an hundred strokes in a minute
The stomach also is considerably affected at this time
which is manifested by the distressing nausia, fixed

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tongue, which is at first white but soon changes to a dark brown. The bowels are constipated, and there is also a burning of the skin which is sometimes succeeded by an irregular perspiration. This perspiration says Scudamore, is apparently an effort of nature to relieve herself, but is often injurious from the debility which is induced by it.

There is a general characteristic belonging to Rheumatism that few other diseases possess viz to change its seat often. Sometimes a patient is labouring under all the excruciating pain of which he is susceptible, and in a short time all these symptoms suddenly cease, which gives him a little remission to his sufferings. This cessation does not continue long before it as suddenly makes its re-appearance in some distant part of the system, carrying alone with it all the distressing symptoms that so conspicuously characterize it in its original situation.

It may by Metastasis (as has been hinted at) attack any part of the fibrous structure, as the pericardium, or even the heart itself, the head either through the medium of of the pericranium or dura mater, also the diaphragm

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and through it the pleura, constituting what is called pleurodynia. We are told by Drs. Armstrong and Chapman, that even the viscera are not exempt - as they have seen it attack the liver, lungs, and alimentary canal; and when such was the case the pain was not mitigated in the least by that circumstance. When it attacks the alimentary canal it presents all the symptoms of the most violent form of dysentary. Occasionally the fibrous envelopes of the muscles of the abdomen are so violently affected, as to simulate peritonitis. When this occurs in females after delivery, it is sometimes a difficult matter to form a correct diagnosis - Complaints, of prior pains in the limbs, stitches in the chest will help to guide us in our knowledge of its Rheumatic character.

In regard to our prognosis of this disease, we find that we are supported by the best authority in asserting, that Rheumatism rarely terminates fatally except by the intervention of some other disease, or by a metastasis taking place to some organ essential to life. It seldom ends in suppuration or gangrene, and we

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may add is almost always curable, if taken in the commencement and judiciously treated.

We come now to that part of our subject in which we are more interested as practicioners, not only on account of the severity of the malady with which we have to contend, and the promptitude with which we have to make our applications, but also the judicious selection of those means best calculated to conduct the disease to a speedy and successful termination. We would however immediately be involved in a labyrinth of difficulties, were we dependent on ~~the ancient~~ pathologists for rules to govern us in the management of this affection, as they were mostly ignorant of its nature and treated almost entirely on empirical principles. The practice of late has become better established, and there are few who do not now agree that that the depleating plan is the most judicious, and in fact our only reliance.

Who all concur in believing that the depleting practice is essentially necessary, yet there is a difference of opinion on the manner in which it should be conducted. While some

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are extolling venesection; others are decrying its use entirely, and substitute in its stead purgatives, diaphoretics, and tonics

Passing in silence over the many objections that have been urged against the use of the lancet in the treat=ment of acute Rheumatism, we cannot but believe from the decidedly inflammatory character of the disease, the fullness and frequency of the pulse, the age and constitutions of those who are the subjects of its attack, that all imperiously demand the early and well directed employment of vene=section. In entertaining the views, we find that they are in unison with those of the most eminent practicioners not only of our own but of other countries. Dr. Chapman tells us, that no remedy will be productive of utility, or should even be prescribed until action has been subdued by this means: and Dr Armstrong, not to mention others, informs us that after repeated trials he has found early venesection fol=lowed by other depleting measures, far preferable to any plan he has ever tried; and he also gives it as his opinion that the disease would seldom be protracted in its termina=tion and less frequently put on the chronic form, if evac=

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-ments and alterations were promptly administered in the commencement of the attack.

The quantity of blood to be drawn should be large and if the case requires it, the operation must be often repeated: tho its continuance must be left pretty much to the physicians own discriminating judgement, as there is no certain sign which can be laid down for his government. The pulse, and buffy appearance of the blood have both been recommended as guides but they are often fallacious. as the former is sometimes uninfluenced in frequency by the detraction of large quantities, and the latter will continue to present its buffy phenomena until the detraction has been carried to even an unwarrantable extent.

Nor are we to trust to general blood letting alone in the treatment of this disease. while we have such important auxiliaries as local remedies. They will be found of immense service, and should never be dispensed with in the management of inflammations. The best of these are leeches: which may truely be said to be arterial a substitute. The manner of their operation is not only

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by the indirect relief that is afforded by detracting from the general mass of the circulating fluids, but also by the specific impression which is made immediately on the blood vessels of the inflamed part, by relieving them of their engorgement. We do not think therefore, that their employment in the treatment of this local affection could be too highly recommended, as reason and common sense must obviously point out their essential utility.

Where the pain and tenderness, superficially, are not too great, cupping may advantageously be resorted to, if not over the affected part it may be performed in its immediate vicinity.

After the vascular excitement, inflammation, and pain has been somewhat subdued by general and local bloodletting, much benefit will be derived from the administration of purgatives. It is a fact worthy of observation that there is no class of remedies next to bloodletting, that has so specific and decided an influence over the circulatory and system generally. The manner of their operation must be intelligible to every enlightened practitioner as it is in no other way than in their

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action being first developed on the mouths of the exhalents which open into the alimentary canal, causing them to throw off their serous portions of fluid, and by this means lessening the quantity of the circulation. This irritation being developed on the alimentary surface has another effect, which is, that it causes a greater determination to the part, upon the old and well established axiom of "ubi irritatio ibi fluxus."

It is with these views then that we prescribe purgatives, and it is by obtaining these ends that they constitute our best adjuvants in the treatment of local inflammations, and in the phlegmasia generally. They should not however (as before observed) be administered until bloodletting has made its decided impression on the disease, as previous to that time they would prove if not injurious comparatively ineffectual

It has been proved by experience, that the best articles of this class of remedies is the saline. The exert a more extensive influence over the vascular system, and consequently over inflammation than any other, and should be continued throughout the whole course of treatment. They should also be given in such quantities as to keep the bowels in a soluble condi-

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=tion, producing thereby a constant drain from the alimentary canal by which means we not only abstract from the general system, but also lessen irritability.

After we have used early and copious venesection followed by purgatives, it has been recommended by high authority to saturate the system with mercury, so as to induce a gentle ptyalism, which should be maintained for eight or ten days when, we are told, the disease will be cured.

What success might attend such a course of treatment we are unprepared to say, but being opposed to calomel in any form in acute diseases, from the belief that it would be impossible to make the desired impression on the system and that its failure would tend to aggravate the disease by rendering the constitution more irritable — We therefore from these considerations, would not be disposed to follow the practice nor could we recommend it to others.

There are other means in our power ~~which when~~ judiciously used will often relieve or be productive of much benefit, particularly when preceded by those already detailed. We allude to diaphoretics. This class of remedies

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is often pointed out to us by nature, which indication should not be lost sight of. But previous to their employment in any form the preternatural state of excitement should be subdued, as it would be impossible to produce a diaphoresis, under such circumstances. An observation of much practical utility might here be made, which is, when we resort to diaphoretics it must be recollected that they alone promise success when their action is kept up for a considerable length of time; as a short period only induces debility, and gives the disease an opportunity of returning with redoubled violence

The best articles of this class of remedies are the antimonial preparations, and opium in the form of Dovers Powder. The latter is preferable for many obvious reasons

In that form of the disease called sciatica but which is more properly a neuralgia, morphia in diluted sulphuric acid or the acetate of morphia in watery solution in doses of from a fourth to the third of a grain repeated at certain intervals, will often be attended with the best effects. On such occasions, it

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exercises both an anodyne and diaphoretic operation. Sometimes the warm and vapour baths exercise a most beneficial effect in ~~chronic~~ Rheumatism. In some of the late European journals we find a roller carfully applied ~~to the affected~~ to the affected limb, highly recommended.

Besides the remedies already mentioned there is yet another which is not the least among our resources. These are blisters. Experience has given ample testimony of their applicability in that stage of a acute disease when copious depletion by venesection has been practiced. But in order to obtain much advantage from them, their action should be continued for a length of time when once induced.

Much has been written on the Colchicum in the treatment of this disease, and were we to place the same reliance in its virtues that its advocates do, we would think it almost a specific in Rheumatism. The medicine undoubtedly has power in certain stages of this affection. but if we expect to find all the benefit from its administration that has been ascribed to it, we will often be disappointed. The remedy however should always be tried when it has been

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preceded by those which have already been laid down.

Should Rheumatism assume the intermittent and remittent type which is sometimes the case, particularly when it occurs in measmatic district, the alterative plan of treatment combined with tonics will be found the most useful. Here the Peruvian Bark which has been so highly extoled by Hagarth through every stage of the disease, will be productive of the most advantage. But it is never necessary to prescribe it to the exclusion of other remedies under different circumstances. Its administration should always be preceded by evacuants.

Much attention must be paid to regimen during the whole course of treatment, as there is no position better established in medicine, than that a low diet constitutes one of our most powerful remedies in the management of of acute diseases. In vain may we look for success, if this essential requisite be disregarded. It should consist principally of drinks in the first stage, and of the lightest and least stimulating articles when convalescence takes place. Among the paramount measures of prevention is

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is preserving an equable temperature at the surface by means of woollen clothing, and avoiding with especial care exposure to humid cold. The effect of this latter agent is more peculiarly noxious when the individual is in a state of languor and debility, following prior excitement from sensual indulgences.

Should the disease when its occurs in the extremities abandon its situation and attack some important organ as the heart, the lungs, the liver or intestines, the practice should be of the most prompt and energetic kind. All our remedies should be made to bear in rapid succession on it in its secondary situation, and we should endeavour by all the means in our power to restore it to the original seat of its attack, recollecting that until this is accomplished the disease is dangerous in the extreme and uniformly terminates fatally.

We have now drawn this Essay to a conclusion, in which we have endeavoured in as clear and concise a manner as time and ability would permit to give our views of the subject. And how far the design has been accomplished is left to

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the liberal, and enlightened teacher to determine.